

REQUEST FOR CANCELLATION OR SURRENDER OF A DRIVER LICENSE OR IDENTIFICATION CARD

DMV USE ONLY
Doubled From
То

	NAME OF PERSON AS SHOWN ON THE LICENSE OR IDENTI	FICATION CARD TO B	E CANCELLED		
Information about the document being cancelled	ADDRESS		CITY		STATE ZIP CODE
or surrendered	LICENSE OR ID CARD NUMBER TO BE CANCELLED	DATE OF BIRTH	LOCATION OF LICE	NSE	
			Lost/destroy	ed Attached	Other (explain on reverse)
Voluntary surrender or cancellation of a DL or ID Card	I voluntarily surrender and request the cand Reason for the cancellation or surrender:	cellation of my:	☐ Driver Lic	ense (DL) or	Identification Card (ID)
a DL OI ID Calu	Is the license in the minor's possession?	☐ Yes ☐ N			
Person cancelling minor child's application or driver license	Is there a change in custody of the minor? I certify under penalty of perjury under the I I signed the minor's application	o of California			
diver needed	I did not sign the application be	-			e minor's license.
	PRINT YOUR NAME				
Signature of person completing	SIGNATURE X				DATE
the form	ADDRESS				
DMV Employee	SIGNATURE OF EMPLOYEE AND ID NUMBER			OFFICE NUMBER	DATE
DL 142 (REV. 12/2014) WWW					
	CUT ON LINE AND KEEP T	nis fant fun t	OUTTILOUTID	,	440
STATE OF CALFORNIA DEPARTMENT OF MOTOR VEHICLES* A Public Service Agency	REQUEST FOR CAN SURRENDER OF A DR IDENTIFICATION	CELLATIO	N OR		142 DMV USE ONLY d From To
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